



## Complete Summary

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### TITLE

Depression: percent of eligible patients screened annually for depression and if positive PHQ-2 or PHQ-9 result or affirmative response to Question 9, who have suicide risk evaluation completed within 24 hours.

### SOURCE(S)

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percent of eligible patients screened annually for depression AND if positive 2-item Personal Health Questionnaire (PHQ-2) or 9-item Personal Health Questionnaire (PHQ-9) result or affirmative response to Question 9 (PHQ-9), who have suicide risk evaluation completed within 24 hours.

### RATIONALE

Depressed medical patients have increased disability, healthcare utilization, and mortality from suicide and other causes, as well as reduced productivity and health-related quality of life. Patients who screen positive for depression should be interviewed to determine the presence of risk factors that would indicate a need for urgent intervention. Foremost in this process is an explicit evaluation for the presence of suicidal ideation. After an evaluation of screening results and a

discussion with the patient, the provider can decide whether the patient may benefit from urgent intervention and/or further specialized mental health evaluations. Patients with positive screens may be referred, depending on availability, to specialized treatment, behavioral medicine, or more general mental health services for further evaluation and possible treatment. Prompt evaluation of potentially suicidal patients by individual clinicians is imperative and requires knowledge of the following: risk factors for suicide, skill in establishing a rapport with an extremely distressed patient, and clinical experience in evaluating the degree of risk. The first step in this process is the adequate screening of the most at-risk population.

## **PRIMARY CLINICAL COMPONENT**

Depression; suicide risk evaluation

## **DENOMINATOR DESCRIPTION**

Patients from NEXUS cohort screened annually for depression and a positive result indicative of depression on the 2-item Personal Health Questionnaire (PHQ-2) or 9-item Personal Health Questionnaire (PHQ-9) screen or affirmative response to Question 9 (PHQ-9) in the medical record (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients screened annually for Depression and a positive result indicative of depression on the 2-item Personal Health Questionnaire (PHQ-2) or 9-item Personal Health Questionnaire (PHQ-9) screen or affirmative response to Question 9 (PHQ-9) in the medical record, with suicide risk evaluation completed within 24 hours (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

## **Evidence Supporting Need for the Measure**

### **NEED FOR THE MEASURE**

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

External oversight/Veterans Health Administration  
Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Behavioral Health Care  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians  
Psychologists/Non-physician Behavioral Health Clinicians  
Social Workers

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

### TARGET POPULATION AGE

Unspecified

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

Unspecified

## **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

## **BURDEN OF ILLNESS**

See the "Rationale" field.

## **UTILIZATION**

Unspecified

## **COSTS**

Unspecified

## **Institute of Medicine National Healthcare Quality Report Categories**

### **IOM CARE NEED**

Getting Better  
Staying Healthy

### **IOM DOMAIN**

Effectiveness  
Timeliness

## **Data Collection for the Measure**

### **CASE FINDING**

Users of care only

### **DESCRIPTION OF CASE FINDING**

Patients from NEXUS cohort\* screened annually for depression and a positive result indicative of depression on the 2-item Personal Health Questionnaire (PHQ-2) or 9-item Personal Health Questionnaire (PHQ-9) screen or affirmative response to Question 9 (PHQ-9) in the medical record

\*Refer to the original measure documentation for patient cohort description.

### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

### **DENOMINATOR INCLUSIONS/EXCLUSIONS**

## **Inclusions**

Patients from NEXUS cohort\* screened annually for depression and a positive result\*\* indicative of depression on the 2-item Personal Health Questionnaire (PHQ-2) or 9-item Personal Health Questionnaire (PHQ-9) screen or affirmative response\*\*\* to Question 9 (PHQ-9) in the medical record

\*Refer to the original measure documentation for patient cohort description.

\*\**Positive PHQ-2 screening*: Maximum possible score on the PHQ-2 is 6, and a screen is considered positive if the score is 3 or greater.

*Positive PHQ-9 screening*: Maximum possible score on the PHQ-9 is 27, and a screen is considered positive if the score is 10 or greater. The PHQ-9 tool depression screen outcomes/results suggestive of moderate (greater than or equal to 10 and less than 15), moderate severe (greater than or equal to 15 and less than 20), or severe depression (greater than or equal to 20) results will be considered positive.

\*\*\**Affirmative response on Question 9 of the PHQ-9*: Answering Question 9 of the PHQ-9 -- Thoughts that you would be better off dead, or of hurting yourself in some way **with** response 1 (Several days), 2 (More than half the days), or 3 (Nearly every day) regardless of total PHQ-9 score.

## **Exclusions**

Unspecified

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Diagnostic Evaluation  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window precedes index event

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients screened annually for depression and a positive result indicative of depression on the 2-item Personal Health Questionnaire (PHQ-2) or 9-item Personal Health Questionnaire (PHQ-9) screen or affirmative response to Question 9 (PHQ-9) in the medical record, with suicide risk evaluation\* completed within 24 hours

### **\*Note:**

- *Suicidal Risk Evaluation*: A Suicide Risk Evaluation requires that the clinician be capable of assessing risk factors for suicide, be skilled in establishing a therapeutic rapport with distressed patients, and possess clinical aptitude for evaluating potential suicide risk. There is no standardized tool required for

this evaluation. However, the provider must document that an evaluation of the patient's suicide risk was completed. A suicide risk evaluation includes an appraisal of the patient's subjective experience (ideation, wish, plan, and intent) and behaviors (warning signs). Providers may find the following tools helpful in evaluating suicidal ideations and behaviors. Useful tools include but are not limited to Clinical Reminders, the VHA Pocket Card (prompts for evaluation and documentation) or guidance developed by the VHA Clinical Practice Guidelines group and/or Joint Commission which is are consistent with the American Psychiatric Association Practice Guideline for the Assessment and Treatment of Patients with Suicidal Behaviors.

- Suicide risk evaluation when required is best done immediately upon completion of screening, as part of a seamless process. Completion within 24 hours is desired, but, for measurement purposes, completion by the end of the next calendar day will be accepted.

Refer to the original measure documentation for additional details.

### **Exclusions**

Unspecified

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## **NUMERATOR TIME WINDOW**

Fixed time period

## **DATA SOURCE**

Administrative data  
Medical record

## **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

## **PRE-EXISTING INSTRUMENT USED**

- 2-item Personal Health Questionnaire (PHQ-2)
- 9-item Personal Health Questionnaire (PHQ-9)

## **Computation of the Measure**

## **SCORING**

Rate

**INTERPRETATION OF SCORE**

Better quality is associated with a higher score

**ALLOWANCE FOR PATIENT FACTORS**

Unspecified

**STANDARD OF COMPARISON**

Internal time comparison

**Evaluation of Measure Properties****EXTENT OF MEASURE TESTING**

Unspecified

**Identifying Information****ORIGINAL TITLE**

Suicide risk evaluation following positive annual depression screen.

**MEASURE COLLECTION**

[Fiscal Year \(FY\) 2009: Veterans Health Administration \(VHA\) Performance Measurement System](#)

**MEASURE SET NAME**

[Mission Critical Measures](#)

**MEASURE SUBSET NAME**

[Screening](#)

**DEVELOPER**

Veterans Health Administration

**FUNDING SOURCE(S)**

Unspecified

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

Unspecified

## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Unspecified

## **ADAPTATION**

Measure was not adapted from another source.

## **RELEASE DATE**

2007 Oct

## **REVISION DATE**

2009 Jan

## **MEASURE STATUS**

This is the current release of the measure.

This measure updates a previous version: Office of Quality and Performance (10Q). FY 2008, Q1 technical manual for the VHA performance measurement system. Washington (DC): Washington (DC); 2007 Oct 31. 315 p.

## **SOURCE(S)**

Office of Quality Performance. FY 2009, Q2 technical manual for the VHA performance measurement system. Washington (DC): Veterans Health Administration; 2009 Jan 5. various p.

## **MEASURE AVAILABILITY**

The individual measure, "Suicide Risk Evaluation Following Positive Annual Depression Screen," is published in "FY 2009, Q2 Technical Manual for the VHA Performance Measurement System."

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## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on May 9, 2008. The information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on December 1, 2009. The information was verified by the measure developer on March 22, 2010.



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